

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002919

1. Corporation Name

THE NATIONAL WHOLESALE LENDING GROUP, INC.

Principal Place of Business

230
220 US HWY 46 - BUILDING ONE
LITTLE FERRY NJ 07643

Mailing Address

230
220 US HWY 46 - BUILDING ONE
LITTLE FERRY NJ 07643

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

230 US HIGHWAY 46
Suite, Apt. #, etc.
BUILDING ONE
City & State
LITTLE FERRY, N.J.
Zip
07643 Country
USA

3. New Mailing Office Address, If Applicable

230 US HIGHWAY 46
Suite, Apt. #, etc.
BUILDING ONE
City & State
LITTLE FERRY, N.J.
Zip
07643 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1996

5. FEI Number

22-2946334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPS	VICTOR, LYNN R	220 US HWY 46 - BUILDING ONE 230	LITTLE FERRY NJ 07643

8. Name and Address of Current Registered Agent

KADEL, JEFF
3150 LEEWOOD TERRACE, UNIT L224
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
KADEL, JEFF
Street Address (P.O. Box Number is Not Acceptable)
1015 ANCHOR POINT
Suite, Apt. #, Etc.
City
DELRAY BEACH
State
FL
Zip Code
33444

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

LYNN R. VICTOR PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-99 #561-266-9111

CR2040 (10/99)